MARYLAND STATE DEPARTMENT OF HEALTH

02938

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lonnie (Middle) (Last) Adams

4. DATE OF DEATH: (Month) Mar. (Day) 13 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11/21/1899

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: County Roads

11. BIRTHPLACE (State or foreign country): North Caroline

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Adams

14. MOTHER'S MAIDEN NAME: Phoebe Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) [redacted]

16. SOCIAL SECURITY NO.: 244-03-2633

17. INFORMANT AND ADDRESS: Mrs. Libby Adams, Forest Hill, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage secon-

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) dary to arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9, 1953, to 3-13, 1953, that I last saw the deceased alive on 3-13, 1953, and that death occurred at 4:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. P. Vicente, M.D. — ADDRESS Harford Memo. Hosp. — DATE SIGNED 3-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 3/14/1953 | NAME OF CEMETERY OR CREMATORY Reins-Sturdivant, Inc. | LOCATION (City, town, or county) (State) North Wilksboro, N.C.

DATE REC'D BY LOCAL REG. Mar 18-1953 | REGISTRAR'S SIGNATURE G. L. Lewis M.D. | 24. FUNERAL DIRECTOR ADDRESS Howard K. Mc Comas & Son Abingdon Md.

VS Form 5

RECEIVED
MAR 20 1963
BUREAU V. S.

02939

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18A

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (rural); LENGTH OF STAY (In this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (rural); STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SHERMAN (Middle) EUGENE (Last) ARNOLD

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 1st 1909

9. AGE last birthday: 43 yrs. If under 1 year: Months 6, Days 18. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: General carpentry

11. BIRTHPLACE (State or foreign country): Weaverford, N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wiley Arnold

14. MOTHER'S MAIDEN NAME: Annie Bedwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-16-4827

17. INFORMANT AND ADDRESS: Mrs. Agnes Katherine Arnold, Rocks, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound cerebrum — Interval between onset and death: -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): March 19 1953 P m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Shot self with rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford Co Bel Air Md 3/19/53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: Mar. 22, 1953 | NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens | LOCATION (City, town, or county) (State): Bel Air, Harford Co. Md

DATE REC'D BY LOCAL REG. 3/21/53 | REGISTRAR'S SIGNATURE: Priscilla Foxwood | 24. FUNERAL DIRECTOR ADDRESS: Martin G. Kurtz, Jarrettsville, Md.

RECEIVED
MAR 28
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02940

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: ~~Baltimore~~ Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FALLSTON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: ~~Baltimore~~ Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FALLSTON
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Grafton (Last) Bannister
4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: JUNE 6, 1900
9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Labor~~ Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Ice Cream
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Grafton Bannister
14. MOTHER'S MAIDEN NAME: Bertie May Berkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 106-09-8504
17. INFORMANT: Mrs. Albert Winkler - Harford Rd 7021

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary thrombosis — immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Donald L. Somerville, M.D. (Degree or title) — ADDRESS: 25 W. Pa. Ave, Towson 4, Md — DATE SIGNED: 3/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/16/53
NAME OF CEMETERY OR CREMATORY: Parkwood Cem
LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 3/16/53
REGISTRAR'S SIGNATURE: W. W. Hadrick
24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: Leonard J. Ruck, 5305 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02941

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A10

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; LENGTH OF STAY (in this place) 38 years; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) R (Last) Barnes

4. DATE OF DEATH: (Month) Mar (Day) 8 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug 21 - 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boothby Hill Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: James R Chesney

14. MOTHER'S MAIDEN NAME: Sara R Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wilmer Barnes Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

172 x

Immediate cause (a) Cachexia — Interval Between Onset And Death: 3 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma Fundus of Uterus — 6 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to Mar 8, 1953, that I last saw the deceased alive on Mar 8 1953, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas Richardson M.D. Bel Air Md 3/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Mar 11 53

NAME OF CEMETERY OR CREMATORY: Churchville Presbyterian

LOCATION (City, town, or county) (State): Churchville Md

DATE REC'D BY LOCAL REGISTRAR: 3/10/53

REGISTRAR'S SIGNATURE: Priscilla Fonwood

24. FUNERAL DIRECTOR: Joseph T Foster ADDRESS: Bel Air Md

RECEIVED
MAR 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02942

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) 311-C East Court Rd.

3. NAME OF DECEASED: (Type or Print) (First) Lois (Middle) Anne (Last) Barnes

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 27, 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 5 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Byron E. Barnes

14. MOTHER'S MAIDEN NAME: Lois Eileen Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Byron E. Barnes 311-C, E. Court Rd, Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X
Immediate cause (a) Prematurity — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1953, to Mar 3, 1953, that I last saw the deceased alive on Mar 3, 1953, and that death occurred at 1:00PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milton Gordon, MD — 2151-1-A54-USAH-APG-MD. 3 Mar 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 5-1953 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county) (State): Aberdeen Maryland.

DATE REC'D BY LOCAL REGISTRAR: March 5-1953 — REGISTRAR'S SIGNATURE: Nellie R. Perry

24. FUNERAL DIRECTOR — ADDRESS: Leroy Farring and Sons-Aberdeen Maryland

2023212320

RECEIVED
MAR 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3462

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) L. (Last) Casey

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1953

5. SEX: Male — COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: June 4, 1884

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Horse Trainer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Harford Co, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Casey

14. MOTHER'S MAIDEN NAME: Mary Nolan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16 SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Mrs. Eva Casey Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
177X
Immediate cause (a) Carcinoma of the Prostate DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death: 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1950, to March 31, 1953, that I last saw the deceased alive on March 30, 1953, and that death occurred at 6.45 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Malcolm Dudley Pfeiffer MD Darlington, Md 4/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial April 3, 1953 Darlington Cem Harford Co, Md.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE
April 1, 1953 C. H. Kirk

24. FUNERAL DIRECTOR ADDRESS
H. L. Bailey Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

943

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Belcamp
LENGTH OF STAY (in this place) -
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abingdon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carl (Middle) Dean (Last) Craft
4. DATE OF DEATH (Month) March (Day) 5 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 5/17/1929
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory
11. BIRTHPLACE (State or foreign country) Sparta N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Burt Craft
14. MOTHER'S MAIDEN NAME Marie Holbrook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-20-0501
17. INFORMANT AND ADDRESS Mrs. Marie Johnson, Abingdon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound cerebrum —

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Belcamp Hotel (CITY OR TOWN) Belcamp (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) 3/5/53 (Day) (Year) (Hour) 18 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with pistol

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide ☒ homicide , undetermined*

SIGNATURE Gerald C Palmer (Degree or title) M.D. Deputy Medical Examiner ADDRESS Harford Co. Bel Air DATE SIGNED Md. 3/4/53

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/11/1953
NAME OF CEMETERY OR CREMATORY Bel Air Memorial Garden
LOCATION (City, town, or county) Bel Air, Harford, Md. (State) 3

DATE REC'D BY LOCAL REG. 3/11/1953
REGISTRAR'S SIGNATURE Marie M Moulsdale
24. FUNERAL DIRECTOR Howard K. McComas & Son ADDRESS Abingdon, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415A

MAR 16 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: A.P.G., MD.
LENGTH OF STAY (in this place): 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2151-1 USAH

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: VIRGINIA — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hague
STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED: (First) JOHN (Middle) W. (Last) DAVIS JR.
4. DATE OF DEATH: (Month) MARCH (Day) 22 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	SINGLE	13 NOV 1932	20 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN WILLIAM DAVIS
14. MOTHER'S MAIDEN NAME: ANNABELLE STOSCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): Korean
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

491X
Immediate cause (a) DUE TO: [illegible]

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ..... DUE TO
(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work [ ] Not While At Work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 3/24/53
NAME OF CEMETERY OR CREMATORY: Montross Cemetery
LOCATION (City, town, or county) (State): Montross, Virginia
DATE REC'D BY LOCAL REGISTRAR: March 24 53
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR ADDRESS: Henry Harvey & Sons. Aberdeen. (Maryland)

VS.-A15

RECEIVED
MAR 30 1953
BUREAU V.

Item 9 Film 3152 3/27/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1945

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location) 666 Green St.

3. NAME OF DECEASED (Type or Print): (First) Elmore; (Middle); (Last) Deibert

4. DATE OF DEATH: (Month) 3; (Day) 19; (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 27 1895

9. AGE last birthday: 77 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Deibert

14. MOTHER'S MAIDEN NAME: Esther Hesser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 222-14-1784

17. INFORMANT AND ADDRESS: Ray Deibert Elk Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — 1 year.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 17, 1953, to ....., 19....., that I last saw the deceased alive on Mar 17, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE: Daniel P. Daley (Degree or title) M.D. ADDRESS 434 Congress St Havre de Grace, Md. DATE SIGNED 3/18/53

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial; DATE THEREOF 3/21/53; NAME OF CEMETERY OR CREMATORY Belair Manor; LOCATION (City, town, or county) (State) Elkton Md.

DATE REC'D BY LOCAL REG. Mar. 20-53; REGISTRAR'S SIGNATURE A. L. Lewis M.D.; 24. FUNERAL DIRECTOR W. McPippin & Son; ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 123 Bel Air Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) E. (Last) Dorsey
4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1953
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 13-1907
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employed Maid
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Allen A. Dorsey
14. MOTHER'S MAIDEN NAME Lillie J. Ringgold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 212-28-3752
17. INFORMANT Mrs Lillie J. Dorsey. Perryman md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema — Interval between onset and death: Terminal

330x Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Subarachnoid haemorrhage, spontaneous — 3 days

(c) ~~A~~ V.V.K.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11-, 1953, to 3-12-, 1953, that I last saw the deceased alive on 3-11, 1953, and that death occurred at 1:55 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Aberdeen, Md. DATE SIGNED 3-13-53

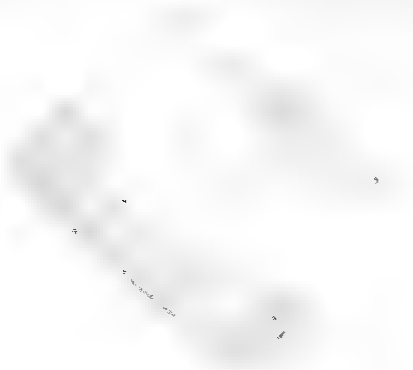
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 16. 1953
NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery
LOCATION (City, town, or county) (State) aberdeen, maryland.

DATE REC'D BY LOCAL REG. March 14-1953
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Henry Tarring and Sons ADDRESS aberdeen, md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U2947

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Norrisville

LENGTH OF STAY (in this place): 63 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY: Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Norrisville

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) E. (Last) Enfield

4. DATE OF DEATH: (Month) March (Day) 17, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 6, 1889

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Saw mill

11. BIRTHPLACE (State or foreign country): harford Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James A. Enfield

14. MOTHER'S MAIDEN NAME: Rachael Ann Flecher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: arthur Enfield - Fawn Grove Rd, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO: Coronary Occlusion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arteriosclerosis

(c)

Interval Between Onset And Death: 7 days.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1953, to March 16 1953, that I last saw the deceased alive on March 16 1953, and that death occurred at Home, from the causes and on the date stated above.

SIGNATURE: Edward W. Hyson (Degree or title) M.D. ADDRESS: Fawn Grove Pa DATE SIGNED: 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 3-18-1953 — NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery — LOCATION (City, town, or county) (State): Norrisville, Harford Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 3/17/53 — REGISTRAR'S SIGNATURE: Priscilla Sowood

24. FUNERAL DIRECTOR ADDRESS: Kenneth W Osborn, Stewartstown Pa

VS. A15 T

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Palm Beach
STREET ADDRESS (If rural give location) 419 Brazilian Ave

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) W (Last) George George Jr.

4. DATE OF DEATH: (Month) Mar (Day) 19 (Year) 1953

5. SEX: M M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: Aug 5 1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: General Claim
10b. KIND OF BUSINESS OR INDUSTRY: Agent Rail Road
11. BIRTHPLACE (State or foreign country): Winthrop, Mass
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Alfonso W George
14. MOTHER'S MAIDEN NAME: Mary Ann Sheahan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS: Mrs Helen S George 419 Brazilian Ave Palm Beach Fla.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
422.1
Immediate cause (a) Congestive Heart Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-Vascular disease
DUE TO
(c)

Interval Between Onset And Death: 5 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr Bronchial asthma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1953, to March 19, 1953, that I last saw the deceased alive on Mar 18, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.
SIGNATURE Willard P. Hudson (Degree or title) M.D. ADDRESS Forest Hill, Md DATE SIGNED 3/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 21/53
NAME OF CEMETERY OR CREMATORY Unity Cemetery
LOCATION (City, town, or county) Unity Township (State) Pa
DATE REC'D BY LOCAL REGISTRAR 3/20/53
REGISTRAR'S SIGNATURE Priscilla Sarwood CMC
24. FUNERAL DIRECTOR Joseph T Foster Bel Air, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

M

1

7

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) B-11-3 Lincoln Ave

3. NAME OF DECEASED: (Type or Print) (First) Johnie (Middle) Wade (Last) Haresnape
4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 27, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 32
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Glen Wade Haresnape
14. MOTHER'S MAIDEN NAME: Donna Darlene Davenport
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Glen W. Haresnape B-11-3 Lincoln Ave Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

Immediate cause (a) Prematurity

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Exsanguination secondary to Abruptio Placenta

DUE TO (c)

Interval Between Onset And Death: 1 hr 32 Min

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Mar, 1953, to 27 Mar, 1953, that I last saw the deceased alive on 27 Mar 1953, and that death occurred at 0325, from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton Gordon, Capt. MC. ADDRESS -2151-1-USAH, APG-Md. DATE SIGNED 3/27/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/30/53
NAME OF CEMETERY OR CREMATORY Post Cemetery
LOCATION (City, town, or county) (State) aberdeen, maryland

DATE REC'D BY LOCAL REGISTRAR March 28 53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Henry Farring & Sons ADDRESS aberdeen maryland

2033201322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 9 FilmG152 3/31/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Emma Gertrude Harvey
4. DATE OF DEATH (Month) (Day) (Year): March 17 1953
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 6/12/ 1885
9. AGE last birthday: ~~68~~ 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): garmet worker
10b. KIND OF BUSINESS OR INDUSTRY: Men's Shirt
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John W. Harvey
14. MOTHER'S MAIDEN NAME: Mary Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Daniel Fenstermacher, Abingdon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42

Immediate cause (a) Coronary or division

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Md. Ex Air 3/17/53

BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: 3/21/1953
NAME OF CEMETERY OR CREMATORY: Cokesbury
LOCATION (City, town, or county) (State): Abingdon, Harford, Md.

DATE REC'D BY LOCAL REG.: 3/21/1953
REGISTRAR'S SIGNATURE: Marie M. Moulsdale
24. FUNERAL DIRECTOR ADDRESS: Howard R. McComas & Son Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12951 / 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A.P.G., MD.
MARYLAND LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 USAH

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air
STREET ADDRESS (If rural give location) R.D. #2 c/o Joseph Steyer

3. NAME OF DECEASED (Type or Print): (First) RANDY (Middle) M. (Last) HELWIG

4. DATE OF DEATH: (Month) MARCH (Day) 22 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 19 MARCH 53

9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS
yrs. | Months | Days 3 | Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired).

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LT. WILLARD HELWIG

14. MOTHER'S MAIDEN NAME: JENNIE BURLIN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lt. Willard Helwig R.D. #2, Bel Air, Md. c/o Joseph Steyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

77CX

Immediate cause (a) Prematurity — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .... DUE TO

(c)

Interval Between Onset And Death: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Mar, 1953, to 22 Mar, 1953, that I last saw the deceased alive on 22 Mar, 1953, and that death occurred at 0830, from the causes and on the date stated above.

SIGNATURE Milton Gordon (Degree or title) Capt. MC — ADDRESS 2151-1 USAH APG, Md. — DATE SIGNED 22 Mar 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-24-53

NAME OF CEMETERY OR CREMATORY Hopewell

LOCATION (City, town, or county) (State) Port Deposit, Md. R.D.

DATE REC'D BY LOCAL REGISTRAR 3-24-53

REGISTRAR'S SIGNATURE Nellie R. Gilroy

24. FUNERAL DIRECTOR Lee A. Patterson & Son

ADDRESS Perryville, Md.

202320132I

VS. 415

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02952

Reg. Dist. No. 181

1. PLACE OF DEATH
COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1 Bush Chapel Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Route #1 Bush Chapel Road

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) HOWARD

4. DATE OF DEATH: (Month) 3 (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 24 1875

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Richmond, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jack J. Broward

14. MOTHER'S MAIDEN NAME: No. Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: 218-10-5523

17. INFORMANT AND ADDRESS: Mrs. Lillie M. Bell, R#1 Bush Chapel Rd. Aberdeen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

220 x

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Osteomyelitis — 10 yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/27, 1951, to 3/9, 1953, that I last saw the deceased alive on 3/9, 1953 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George T. Stansbury, M.D. Havre de Grace Md. 3/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-14-53 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery — LOCATION (City, town, or county) (State): Aberdeen, Md.

DATE RECD BY LOCAL REG.: March 14-53 — REGISTRAR'S SIGNATURE: Nellie R. Perry — 24. FUNERAL DIRECTOR: Elmer E. Bullock — ADDRESS: Havre de Grace, Md.

Item 1 FilmG153 4/16/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton.
STREET ADDRESS (If rural, give location) near Maryland Line, Md.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) William (Last) Hunt
4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Febr. 14 1889	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm.	Parkton Md. R.D.	U.S.A.

13. FATHER'S NAME H. W. Hunt
14. MOTHER'S MAIDEN NAME Lillie Wilson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		George Hunt - Parkton, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer	M.D. Deputy Medical Examiner	Harford Co. Bel Air	3/18/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 18/1953	Mt Zion Cemetery	Freeland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 19 1953	C. V. Kirk	J. J. Hartenstein	New Freedom, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1951

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural #1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural; STREET ADDRESS (If rural, give location) #6.

3. NAME OF DECEASED (Type or Print): (First) C (Middle) Harry (Last) James

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Aug 17-1866

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Charles H. James

14. MOTHER'S MAIDEN NAME: Maria Poole James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Willard W. James - aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
452.1 Immediate cause	(a) Acute Pulmonary Odema	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio vascular Disease	12 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐:

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1940, to Mar, 1953, that I last saw the deceased alive on March 11, 1953 and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Ralph Hickman ADDRESS: Churchville Md DATE SIGNED: Mar 13

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/14/53

NAME OF CEMETERY OR CREMATORY: Smith Chapel cemetery

LOCATION (City, town, or county) (State): aberdeen RD #2. md.

DATE REC'D BY LOCAL REG.: March 14-1953

REGISTRAR'S SIGNATURE: Nellie R. Perry

24. FUNERAL DIRECTOR: Henry Tarring and Sons.

ADDRESS: aberdeen. md.

V8-A1p

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02955

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit — Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) JENNIFER (Last)

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 5-16-1910

9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Jennifer

14. MOTHER'S MAIDEN NAME: Dina Whims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Joseph Jennifer, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

337 X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 12 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25, 1953, to 3-6, 1953, that I last saw the deceased alive on 3-6, 1953, and that death occurred at 5:45/A m., from the causes and on the date stated above.

SIGNATURE: Frank S. Hawbert — (Degree or title) M.D. — ADDRESS: Harford Memorial Hospital — DATE SIGNED: 3-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-9-1953 — NAME OF CEMETERY OR CREMATORY: Jones Memorial — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Mar 11 53 — REGISTRAR'S SIGNATURE: C. L. Lewis M.D.

24. FUNERAL DIRECTOR — ADDRESS: Wm. A. Patterson & Son, Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 742 Ontario St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Wesley (Last) Keithley Sr.

4. DATE OF DEATH (Month) March (Day) 10 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 5-1-76
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Labor Foreman
10b. KIND OF BUSINESS OR INDUSTRY A.P.G.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John T. Keithley
14. MOTHER'S MAIDEN NAME Jane E. Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 184-05-0175
17. INFORMANT AND ADDRESS Mrs. Hazel L. Mitchell - Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 months.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1953, to 3-10, 1953, that I last saw the deceased alive on March 10, 1953, and that death occurred at 12:40 pm., from the causes and on the date stated above.

SIGNATURE Frank D. Hauber (Degree or title) M. D. ADDRESS Harford Memorial Hospital DATE SIGNED 3-10-53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-13-53
NAME OF CEMETERY OR CREMATORY Smith's Chapel Cem.
LOCATION (City, town, or county) Harford (State) Md.

DATE REC'D BY LOCAL REG. Mar 12-53
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) K. (Last) McCauley
4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 1953
5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 19-1900
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Dairy
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James McCauley
14. MOTHER'S MAIDEN NAME Ellen Kauffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-01-7957
17. INFORMANT AND ADDRESS Mrs Paul K McCauley - Perryman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976X

Immediate cause (a) Gunshot wound cerebrum —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma tongue

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Perryman (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) 3/25/53 (Day) (Year) 3 P (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with rifle

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE Gerald C Palmer M.D. Deputy Medical Examiner (Degree or title) ADDRESS Harford Co. Bel Air Md DATE SIGNED 3/25/53

FINAL CREMATION (Moval, Specify) Burial
DATE THEREOF 3/28/53
NAME OF CEMETERY OR CREMATORY Conowingo Baptist Cem.
LOCATION (City, town, or county) Conowingo (State) Maryland

DATE REC'D BY LOCAL REG. March 28-1953
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Henry Torring and Sons ADDRESS Aberdeen Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) G. (Last) McCommons

4. DATE OF DEATH (Month) (Day) (Year) March 24 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-12-1882
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Aldino Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph T McCommons
14. MOTHER'S MAIDEN NAME Caroline Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 717-07-5768
17. INFORMANT AND ADDRESS Mary M. Mc Commons, Magnolia, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Regional Ileitis & Acute Appendicitis

19a. DATE OF OPERATION 3-22-53
19b. MAJOR FINDINGS OF OPERATION Intra abdominal inflammatory adhesions, regional ileitis & acute appendicitis
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-22, 1953, to 3-24, 1953, that I last saw the deceased alive on 3-24, 1953, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. P. Vicente, M.D. ADDRESS Harford Memo. Hosp. DATE SIGNED 3-24-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/27/1953
NAME OF CEMETERY OR CREMATORY Cokesbury
LOCATION (City, town, or county) (State) Abingdon, Harford, Md.,

DATE REC'D BY LOCAL REG. Mar 28-53
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Howard R. McCommons & Son ADDRESS Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)51

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel-Air
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel-Air
STREET ADDRESS (If rural give location) Hickory ave

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) Garrett (Last) McNutt

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH: Feb 13 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home work

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Harford Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Garrett

14. MOTHER'S MAIDEN NAME: Ester Oldfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mrs. Elva Hall Bel-Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) CORONARY THROMBOSIS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr hypertensive Cardio-Vascular Disease 12yrs

DUE TO

(c)

Interval Between Onset And Death: 3hrs 45min

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19 , to Mar 11, 1953, that I last saw the deceased alive on Mar 11, 1953, and that death occurred at 7:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill, Md DATE SIGNED 3/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF March 14, 1953 NAME OF CEMETERY OR CREMATORY Darlington Mem LOCATION (City, town, or county) (State) Harford Co, Md.

DATE REC'D BY LOCAL REGISTRAR March 18, 1953 REGISTRAR'S SIGNATURE Priscilla Linwood

24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

VS. 416

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1960

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: Harford COUNTY Maryland STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 5 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS -

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 401 S. Washington

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) Ewing (Last) Poplar

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Dec. 31 1898 | 9. AGE last birthday: 54 yrs. | IF UNDER 1 YEAR: Months 2 Days 27 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Never if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Darlington, Md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Howard Ewing | 14. MOTHER'S MAIDEN NAME: Carrie Buchman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: Unknown | 17. INFORMANT & ADDRESS: Wm. M. Poplar, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

196X

Immediate cause (a) ... Carcinomatosis generalized — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ... Carcinoma of Spine — 2 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to March 28, 1953, that I last saw the deceased alive on March 28, 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE E. J. Simon | (Degree or title) M. D. | ADDRESS Havre de Grace | DATE SIGNED 3-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/31/53 | NAME OF CEMETERY OR CREMATORY Angel Hill | LOCATION (City, town or county) Havre de Grace, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Mar 31-1953 | REGISTRAR'S SIGNATURE A. L. Lewis M.D. | 24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace, Md. | ADDRESS

APR 2 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1 PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 74 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 216 S. Wash. St.

3 NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Lawder (Last) Rimmey
4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb 12 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Havre de Grace
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Lawder
14. MOTHER'S MAIDEN NAME: Roxanna Moore

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: unk.
17. INFORMANT & ADDRESS: Raymond E. Rimmey 216 S Wash. St. Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 1 Arterio Sclerotic Cardio Vascular Disease
DUE TO 2 Hypertension
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) 4 Coronary Thrombosis
DUE TO
(c) 3 Diabetes Mellitus
(260X)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Mar 9, 1953, that I last saw the deceased alive on Mar 9, 1953, and that death occurred at 11:30 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Charles J. Foley M.D. ADDRESS [illegible] DATE SIGNED 3/12/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/12/53
NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery
LOCATION (City, town, or county) Havre de Grace Harford (State) Maryland
DATE REC'D BY LOCAL REGISTRAR Mar. 12-53
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 44

SAGE
APR 16 15-7

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ...

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edmund Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen
STREET ADDRESS (If rural, give location) Edmund Street

3. NAME OF DECEASED (Type or Print) (First) Wilmer (Middle) (Last) Robi VS

4. DATE OF DEATH (Month) March (Day) 31 (Year) 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 3/28/14
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self emp Barber
10b. KIND OF BUSINESS OR INDUSTRY Barber
11. BIRTHPLACE (State or foreign country) Louisiana ?
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1943-5
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Sheriff's Office, Bel Air Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490X

Immediate cause (a) Lobar Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fatty Liver

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right tibia + fibula

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lloyd C Palmer MD Deputy Medical Examiner Harford Co. Md. 4/4/53

FINAL CREMATION (Burial) Burial
DATE THEREOF 4/4/53
NAME OF CEMETERY OR CREMATORY Mt. Calvary cemetery
LOCATION (City, town, or county) aberdeen md. (State)

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Henry Farring + Sons aberdeen Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
APR 6 1973
U.V.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
MARYLAND
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 726 Water Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 726 Water Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Wesley (Last) Sampson

4. DATE OF DEATH: (Month) Mar. (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 6, 1887

9. AGE last birthday: 65 yrs. If UNDER 1 YEAR: Months Days If UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Abbott's Ice Plant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Sampson

14. MOTHER'S MAIDEN NAME: Annie Singleton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Willard John Sampson 726 Water St. Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331K Immediate cause (a) Cerebral Vascular Accident DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 2 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ,1952, to March 20, 1953, that I last saw the deceased alive on March 19, 1953, and that death occurred at 10 45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Malcolm Dudley Shull M.D. ADDRESS Dublin Md. DATE SIGNED 3/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF March 23, 1953 NAME OF CEMETERY OR CREMATORY Rock Run LOCATION (City, town, or county) Harford County (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 23-1953 REGISTRAR'S SIGNATURE C. L. Lewis M. D.

24. FUNERAL DIRECTOR W. Madison Mitchell ADDRESS Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 Film G152 3-17-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gibson
LENGTH OF STAY (in this place) 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gibson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) B (Last) Smithson
4. DATE OF DEATH (Month) March (Day) 9 (Year) 1953
5. SEX M
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH May 31/1889
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm helper
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Harford Co., Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Jason Smithson
14. MOTHER'S MAIDEN NAME Molly Duff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Thomas A Smithson Boxio Harvard & Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pending Investigation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Alcoholism, Chronic

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .*

SIGNATURE Gerald C Palmer (Degree or title) Deputy Medical Examiner ADDRESS Harford County Bel Air DATE SIGNED Md 3/9/53

23. BURIAL CREMATION MOVAL (Specify) Burial
DATE OF DEATH Mar 12-53 Mar 14/53
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) Fountain Green Harford (State) Md

DATE REC'D BY LOCAL REG. 3/10/53
REGISTRAR'S SIGNATURE Priscilla Fowood
24. FUNERAL DIRECTOR Joseph T. Foster Bel Air, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): WHITEFORD
LENGTH OF STAY (In this place): MARYLAND 8 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY: HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): WHITEFORD
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) First: FRANKLIN (Middle): JOSEPH (Last): STEWART

4. DATE OF DEATH: (Month) MAR. (Day) 16, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 9-1-1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARM LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): OIL CITY, PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANDREW J. STEWART

14. MOTHER'S MAIDEN NAME: MARY CREAMER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 214-16-1227

17. INFORMANT & ADDRESS: MRS. CATHERINE STEWART, WHITEFORD, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443X
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive C-V Disease
DUE TO
(c)

Interval Between Onset And Death: 24 hr.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12 1953, to March 16 1953, that I last saw the deceased alive on March 16, 1953, and that death occurred at 9:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Jonah A. Hunt M.D. ADDRESS: Delta, Pa. DATE SIGNED: 3/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE THEREOF: 3-19-53 NAME OF CEMETERY OR ~~CREMATORY~~: ST. MARY'S LOCATION (City, town, or county) (State): HARFORD CO., MD.

DATE REC'D BY LOCAL REGISTRAR: 3/17/53 REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: John H. Harkins ADDRESS: Delta, Pa.

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02966

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CARDIFF
LENGTH OF STAY (in this place) 6 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) WILLIAM (Last) STEWART

4. DATE OF DEATH: (Month) MAR. (Day) 4, (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: AUG. 27, 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM OWNER
11. BIRTHPLACE (State or foreign country): HARFORD CO., MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLAY STEWART
14. MOTHER'S MAIDEN NAME: MARY A. BALDWIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: EDWARD W. STEWART, CARDIFF, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X

Immediate cause (a) Uremia
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Nephrosclerosis
DUE TO

(c)

Interval Between Onset And Death: 3 months

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1953, to March 4, 1953, that I last saw the deceased alive on March 4, 1953 and that death occurred at 11 P.M., from the causes and on the date stated above.
SIGNATURE [illegible] (Degree or title) MD ADDRESS CARDIFF DATE SIGNED 3-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF MAR. 7, 1953
NAME OF CEMETERY OR CREMATORY HIGHLAND
LOCATION (City, town, or county) STREET (State) MD.
DATE REC'D BY LOCAL REGISTRAR 3/6/53
REGISTRAR'S SIGNATURE Priscilla Fonwood
24. FUNERAL DIRECTOR John H. Harkins, ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1973

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
LENGTH OF STAY (in this place) 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Alabama COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tuscaloosa
STREET ADDRESS (If rural give location) 2220 - 26th Ave

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) L. (Last) Strickland

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 24, 1929
9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Franklin Strickland
14. MOTHER'S MAIDEN NAME: Ethel Sheppard Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 25 Aug 50 to date
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Military Personnel, APG, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812 X

Immediate cause (a) Cardio-respiratory failure — Interval Between Onset And Death: 1 HR.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Subarachnoid hemorrhage — 1 HR.

DUE TO

(c) Cerebral contusion — 1 HR.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) March 31, 1953 m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Struck by Automobile

22. I hereby certify that I attended the deceased from 31 Mar. 1953, to 31 Mar. 1953, that I last saw the deceased alive on 31 MAR 1953, and that death occurred at 12:15 P.M. from the causes and on the date stated above.

SIGNATURE Henry Borah (Degree or title) Maj Mc
ADDRESS US Army Hosp. APG
DATE SIGNED 1 Apr. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 4/2/53
NAME OF CEMETERY OR CREMATORY Tuscaleesa Cemetery
LOCATION (City, town, or county) Tuscaleesa, (State) Alabama
DATE REC'D BY LOCAL REGISTRAR April 2 1953
REGISTRAR'S SIGNATURE Nellie F. [illegible]
24. FUNERAL DIRECTOR Henry Varnig and Sons. ADDRESS Aberdeen Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1953
EAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace.
STREET ADDRESS (If rural, give location) 666 Green St.

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) J. (Last) Thorpy

4. DATE OF DEATH (Month) March (Day) 12 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb-18-1898
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi-owner
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Md - Havre de Grace
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John J. Thorpy
14. MOTHER'S MAIDEN NAME Mary Salik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Havre de Grace, Md. Sylvia F. Thorpy - (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Cerebro-Vascular Accident.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchial Asthma.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-3, 1953, to 3-12, 1953, that I last saw the deceased alive on 3-12, 1953, and that death occurred at 7 35 A.m., from the causes and on the date stated above.

SIGNATURE Charles J. Foley M.D. (Degree or title) ADDRESS Havre de Grace DATE SIGNED Mar 16-1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/16/53
NAME OF CEMETERY OR CREMATORY Md. Elm
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Mar 16-53
REGISTRAR'S SIGNATURE W. L. Lewis M.D.
24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace, Md. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12969

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norrisville Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norrisville Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E (Last) Turner

4. DATE OF DEATH: (Month) March (Day) 17, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Oct. 24 1871

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bowman

14. MOTHER'S MAIDEN NAME: Rebecca Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Grover Turner Perryman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420

Immediate cause (a) Pulmonary edema & myocardial failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) due to coronary sclerosis & hypertension

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 14, 1953, to Mar. 17, 1953, that I last saw the deceased alive on Mar. 16, 1953, and that death occurred at 4:50 A.M., from the causes and on the date stated above.

SIGNATURE Norman H. Lemmill (Degree or title) ADDRESS Stewartstown Pa. DATE SIGNED Mar. 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 20, 1953
NAME OF CEMETERY OR CREMATORY Rock Run Cem
LOCATION (City, town, or county) (State) Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR March 19 1953
REGISTRAR'S SIGNATURE Priscilla Fawood

24. FUNERAL DIRECTOR H. S. Bailey
ADDRESS Darlington Md.

age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rutledge (rural)
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rutledge (rural)
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Charles Keefer Walker

4. DATE OF DEATH: (Month) (Day) (Year) March 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 16, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 7 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Taylor, Harford Co Md
12. CITIZEN OF WHAT COUNTRY? W. S.

13. FATHER'S NAME: Abraham Walker
14. MOTHER'S MAIDEN NAME: Mary Ellen Brookhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. Amy M. Walker, Fallston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

Immediate cause (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH 30 min.

DUE TO

Antecedent cause(s) (b) Chr hypertensive Cardio-Vascular disease?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chr. Osteo-arthritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to March 3 1953, that I last saw the deceased alive on Feb 27, 1953, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Willard P. Hudson, M.D. ADDRESS Forest Hill Md DATE SIGNED 3/3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar. 5, 1953
NAME OF CEMETERY OR CREMATORY Deer Creek
LOCATION (City, town, or county) (State) Chestnut Hill, Harford Co., Md

DATE REC'D BY LOCAL REG. 3/3/53
REGISTRAR'S SIGNATURE Priscilla Fonwood
24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12271)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel-Air (rural) | LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fallston (Rural)
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Samuel (Middle) W (Last) WARd

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1953

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: Dec 5 1874 | 9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months 3 Days 7 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner | 11. BIRTHPLACE (State or foreign country): Chestnut Hill Harford Co. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hall Ward | 14. MOTHER'S MAIDEN NAME: Elizabeth Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Edwin W. Ward 426 Rittenhouse St. N.W. Washington D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

332X

Immediate cause (a) Cerebral Thrombosis — 1 hr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral arteriosclerosis — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ..., 1952 to Mar 12, 1953, that I last saw the deceased alive on Mar 11, 1953, and that death occurred at 1:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard P. Hudson, M.D. — ADDRESS: Forest Hill, Md — DATE SIGNED: 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/16/53 | NAME OF CEMETERY OR CREMATORY: Mt. Spring | LOCATION (City, town, or county): Forest Hill (State): Md

DATE REC'D BY LOCAL REGISTRAR: 3/13/53 | REGISTRAR'S SIGNATURE: Priscilla Foxwood | 24. FUNERAL DIRECTOR: Martin E. Curtis | ADDRESS: Jarrettsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02972

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WHITEFORD
LENGTH OF STAY (in this place) 63 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WHITEFORD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) OLIVER (Middle) WATSON (Last) WILLIAMS

4. DATE OF DEATH: (Month) MAR. (Day) 15, (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: OCT. 13, 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): QUARRYMAN
10b. KIND OF BUSINESS OR INDUSTRY: SLATE
11. BIRTHPLACE (State or foreign country): DELTA, PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID J. WILLIAMS
14. MOTHER'S MAIDEN NAME: MARY A. MOORE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.: 220-05-2310
17. INFORMANT & ADDRESS: Mrs. Elwood Cantler, Whiteford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerotic C-V Disease

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to March 15 1953 that I last saw the deceased alive on March 14 1953, and that death occurred at 12 30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Josiah A. Hunt M.D. ADDRESS Delta Pa. DATE SIGNED 3/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF MAR. 18, 1953
NAME OF CEMETERY OR CREMATORY SLATEVILLE
LOCATION (City, town, or county) YORK CO. (State) PA.
DATE REC'D BY LOCAL REGISTRAR 3/16/53
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR John H. Harkins ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAR 20 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02973

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bel Air
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) Wood

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct 26-1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housedutias

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lee Pilkins

14. MOTHER'S MAIDEN NAME: Kelly Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S ADDRESS: Hurville Wood Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

Immediate cause (a) Metastatic Carcinoma of peritoneal cavity — Interval Between Onset And Death: ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of Ovary (primary) — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Carcinoma (Metastatic) of colon. Ca of Ovary.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10 1949, to March 5, 1953, that I last saw the deceased alive on 3/5/53, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson M.D — ADDRESS Forest Hill, Md — DATE SIGNED 3/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar 8/53 — NAME OF CEMETERY OR CREMATORY Oak Grove Baptist — LOCATION (City, town, or county) (State) Schucks Corner Harford Md

DATE REC'D BY LOCAL REGISTRAR 3/7/53 — REGISTRAR'S SIGNATURE Priscilla Lowood

24. FUNERAL DIRECTOR — ADDRESS Joseph T Foster Bel Air Md

RECEIVED
MAR 10 1953
BUREAU V. S.